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PTO/SB/21 (08-03) Approved for use through 07/31/2008. OMB 0851-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid QMB control number. Application Number 09/998,380 Filing Date 11/29/2001 TRANSMITTAL RECEIV First Named Inventor Paul Jeffrey Ungar **FORM** CENTRAL FAX CENTER Group Art Unit 2671 (to be used for all correspondence after initial filing) Examiner Name Peter Pappas Attorney Docket Number MS1-1028US Total Number of Pages in This Submission ENCLOSURES (check all that apply) 冈 Fee Transmittal Form Drawing(s) After Allowance Communication to Group Fee Attached Licensing-related Papers Appeal Communication to Board Petition \boxtimes of Appeals and Interferences Amendment / Reply Petition to Convert to a Appeal Communication to Group After Final Provisional Application (Appeal Notice, Brief, Reply Brief) Affidavits/declaration(s) Power of Attorney, Revocation Proprietary Information Change of Correspondence **Extension of Time Request** Status Letter Address Express Abandonment Request Other Enclosure(s) (please Terminal Disclaimer Information Disclosure Statement identify below): Request for Refund **Certified Copy of Priority** CD, Number of CD(s) Documents Response to Missing Parts/ Remarks Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Film Michael K. Colby/Reg. No. 45816 Individual Name Signature 13 APR OS Date CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name Cheryl Boles

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Under the Pederwork Reduction Act of 1995 to bersons are required to respond to a collection of information unless it discisos a valid OMB control number. Effective on 12/08/2004. Complete if Known pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/998,380 Application Number EE TRANSMITT*A* Filing Date 11/29/2001 For FY 2005 Paul Jeffrey Ungar First Named Inventor Peter Pappas **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2671 (\$) 1,020.00 TOTAL AMOUNT OF PAYMENT MS1 Attorney Docket No. 1028US METHOD OF PAYMENT (check all that apply) Credit Card None Other (please identify): Money Order 12-0769 Lee & Hayes, PLLC ✓ Deposit Account Deposit Account Number: Deposit Account Name; For the above-identified deposit account, the Olrector is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity** Small Entity SmallEntity **Application Type** Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Eee (\$) Utility 300 150 250 200 100 Design 200 100 100 130 50 65 Plant 200 100 300 150 160 80 Reissue 300 500 600 150 250 300 **Provisional** 200 100 0 Ô 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 **Total Claims** Multiple Dependent Claims Extra Claims Fee (\$) Fee Paid (\$) - 20 or HP -50 Fee (\$) Fee Paid (\$) HP = highest number of total cialms paid for, if greater than 20 Extra Claims Fee (\$) Indep. Claims Fee Paid (\$) - 3 or HP = 200 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) - 100 -_ (round up to a whole number) x 4. OTHER FEE(S) Feer Paid (5) Non-English Specification, \$130 fee (no small entity discount) Other: 3 month extension of time

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SUBMITTED BY	2.1	. ,			
Signature	Milfal Wlot		Registration No. (Attorney/Agent)	45816	Telephone (509) 324-9256
Name (Print/Type)	Michael K. Colby				Date /3M205

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